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APPLICANTS

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** CONTINUING DATA *****
 NONE
 ah

** FOREIGN APPLICATIONS *****
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IF REQUIRED, FOREIGN FILING LICENSE GRANTED
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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>ah</i>	STATE OR COUNTRY ITALY	SHEETS DRAWING 3	TOTAL CLAIMS 15	INDEPENDENT CLAIMS 1
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Verified and Acknowledged
 Examiner's Signature *ah* Initials *ah*

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TITLE
 METHOD FOR MEASURING THE DISTANCE OF AN OBJECT

FILING FEE RECEIVED 1052	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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